



Cover Sheet

Access to Health Insurance

Insurance Representatives,

Please complete and attach this cover sheet when submitting an application packet to the Family Medicaid Unit. Please print clearly and supply all requested information. We are unable to process incomplete forms.

Date Submitted

Small Business Name

Does the Small Business Employer currently offer Health Insurance? ☐ Yes ☐ No

Insurance Representative Contact Information:

Insurance Representative Company Name

Tax Identification Number

Insurance Representative: First Name

Last Name

Mailing Address

City

State

Zip Code

(208)

(208)

Telephone Number

Fax Number

Email Address

Please mail this completed cover sheet & the applications for premium assistance to:

Family Medicaid Unit

150 Shoup Avenue, Suite #5
Idaho Falls, Idaho 83402-3653
1-866-326-2485